

FILED JAN 26 1950

318

1003

State File No.

477

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ST. Louis</u> b. COUNTY <u>1129</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Missouri</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>4711 NEW BERRY</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Mary</u>		b. (Middle) <u>Etta</u>		c. (Last) <u>Thomas</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>11/25/1893</u>	
9. AGE (in years last birthday) <u>56</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (in years last birthday) <u>1</u> <u>18</u> <u>18</u>	
11. BIRTHPLACE (State or foreign country) <u>ST. Louis, Mo.</u>		12. CITIZENSHIP OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>JOHN THOMAS</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>John Thomas</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Pylonephritis with Necrotic Liomyoma</u>		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pylonephritis with Necrotic Liomyoma</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Retro-peritoneal with Ascites</u>		20. INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>		21. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
22a. ACCIDENT SUICIDE HOMICIDE (Specify)		22b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		22c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis</u>		22d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
22e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22f. HOW DID INJURY OCCUR?		22g. DATE OF OPERATION		22h. MAJOR FINDINGS OF OPERATION	
22. I hereby certify that I attended the deceased from <u>12-27</u> , 19 <u>49</u> , to <u>1-12</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1-12</u> , 19 <u>50</u> , and that death occurred at <u>9:25 P</u> m., from the causes and on the date stated above.				23a. SIGNATURE (Degree or title) <u>James J. Dedrick</u>		23b. ADDRESS <u>2601 N Whittier St</u>	
23c. DATE SIGNED <u>1-16-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1/18/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. PETERS</u>	
24d. LOCATION (City, town, or county) (State) <u>ST. Louis Mo</u>		24e. DATE REC'D BY LOCAL REG. <u>JAN 16 1950</u>		24f. REGISTRAR'S SIGNATURE <u>[Signature]</u>		24g. FUNERAL DIRECTOR'S SIGNATURE <u>A. J. Smith</u>	
24h. ADDRESS <u>4247 W. Hoover</u>		24i. (Licensed Embalmer's Statement on Reverse Side)					

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

Licensed Embalmer No. 4341

P. O. Address 1907 Good

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

A. H. M.